

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

April 2, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Top Shelf Beverage Service, 1038 'O' Street requesting a class C/K liquor license.

Jeremy Schafer, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jeremy Schafer was born in Lincoln, Nebraska. He attended East High School graduating in 1991.

Jeremy Schafer employment history is as follows:

2004 - 2001	Manager, Telesis Inc.	Lincoln, NE.
1999 - 2004	Manager, Blue Chalk Cafe	Santa Barbara, CA.

The Lincoln Police Department recommends denial of this application due to the criminal histories.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATIONTrade Name (doing business as) Top Shelf Beverage ServicesStreet Address #1 1038 O Street

Street Address #2 _____

City LincolnCounty LancasterZip Code 68508Premise Telephone number 402-416-2429

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Jeremy SchaferStreet Address #1 2000 S 34th Street

Street Address #2 _____

City LincolnState NebraskaZip Code 68506**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 38' feetWidth 24' feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

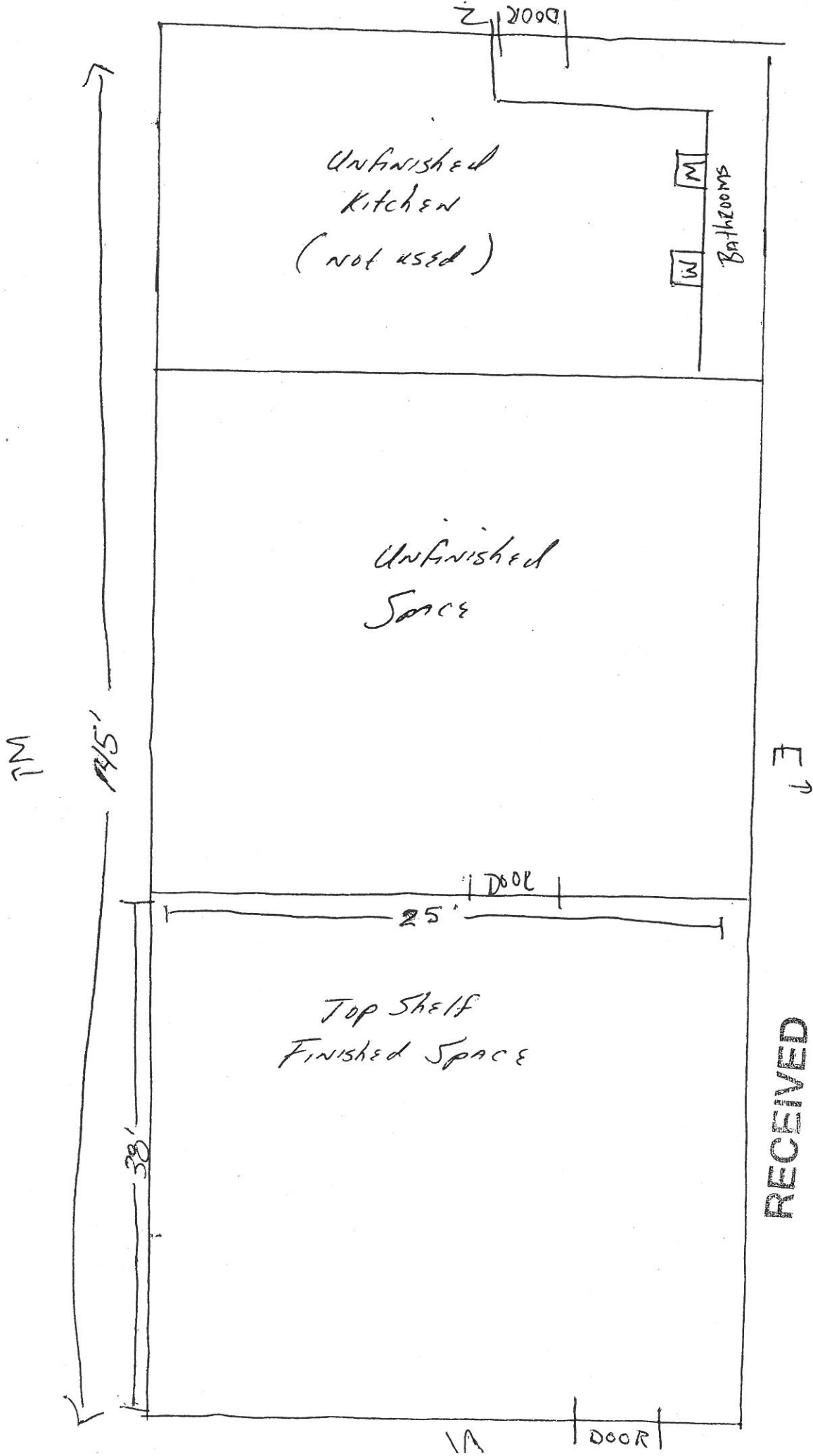
One story bldg

main floor of two story bldg approx 145' x
25'

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MAR 19 2012

NEBRASKA LIQUOR
CONTROL COMMISSION



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NEBRASKA LIQUOR
CONTROL COMMISSION

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Top Shelf Beverage Services LLC

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: Top Shelf Beverag Services

Premise Street Address: 1038 O Street

City: Lincoln

State: Nebraska

Zip Code: 68508

Premise Phone Number: 402-416-2429

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.

http://www.lcc.ne.gov/license_search/licsearch.cgi



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE

☐ FEMALE

Last Name: Schafer First Name: Jeremy MI: M

Home Address (include PO Box if applicable): 2000 S 34th Street

City: Lincoln County: Lancaster Zip Code: 68506

Home Phone Number: 402-416-2429 Business Phone Number: 402-416-2429

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Lincoln, Nebraska

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Santa Barbara, CA	1999	2004			
Lincoln, NE	2004	2012			

NEBRASKA LIQUOR
CONTROL COMMISSION

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1999	2004	Blue Chaulk Cafe	Mike Collona	Unknown
2004	2011	Telesis, Inc.	Eric Schafer	402-434-5975

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Jeremy M. Schafer	11/20/1991	Lincoln, NE	MIP	Guilty
Jeremy M. Schafer	12/11/1992	Lincoln, NE	DUI-1st	Guilty
Jeremy M. Schafer	12/11/1992	Lincoln, NE	Trespass	Guilty
Jeremy M. Schafer	01/05/2007	Lincoln, NE	DUI-1st	Guilty
Jeremy M. Schafer	04/24/2008	Lincoln, NE	DUI-2nd	Guilty
Jeremy, M. Schafer	03/19/2010	Lincoln, NE	DUI-3rd	Guilty

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☐ YES ☒ NO
IF YES, list the name of the premise.
3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO
4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)
☒ YES ☐ NO
5. List any alcohol related training and/or experience (when and where).

May 2001-Responsible Hospitality Training Santa Barbara, CA, May 2004-Responsible Hospitality Training- Santa Barbara, CA. General Manager Restaurant & Bar Santa Barbara CA 99-2004 General Manager Telesis, Inc. 2004-2011

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NEBRASKA LIQUOR
CONTROL COMMISSION

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WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
JUN 1 2004
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

128-73
5-160

CHILD—NAME FIRST MIDDLE LAST Jeremy Michael Schafer			DATE OF BIRTH (MONTH, DAY, YEAR) 2a. 5-16-73		BIRTH NUMBER
SEX 3. Male	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b.		COUNTY OF BIRTH 5a. Lancaster
CITY, TOWN, OR LOCATION OF BIRTH 5b. Lincoln, Nebr.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d. Bryan Memorial Hospital		
MOTHER—MAIDEN NAME FIRST MIDDLE LAST 6a. Reba Jean Sanford		AGE (AT TIME OF THIS BIRTH) 6b. 33	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Broken Bow, Oklahoma 37		
RESIDENCE—STATE 7a. Nebraska	COUNTY 7b. Lancaster	CITY, TOWN, OR LOCATION OF BIRTH 7c. Lincoln	STREET AND NUMBER (SPECIFY YES OR NO) 7d. Yes	7e. 1610 So. 20th 68502	
FATHER—NAME FIRST MIDDLE LAST 8a. Michael Charles Schafer		AGE (AT TIME OF THIS BIRTH) 8b. 24	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Scottsbluff, Nebr.		
INFORMANT—NAME OR SIGNATURE 9a. Reba Jean Schafer			RELATION TO CHILD 9b. Mother		
1. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR) 10a. 9-21-73		ATTENDANT—M.D., D.O., OTHER (SPECIFY) 10c. M.D.
10b. SIGNATURE CERTIFIER—NAME (TYPE OR PRINT) 10d. Samuel T. Thierstein, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10e. 600 No. Cotner, Lincoln, Nebr.		
REGISTRAR—SIGNATURE 11a. <i>[Signature]</i>			DATE RECEIVED BY LOCAL REGISTRAR 11b. SEP 26 1973		

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NEBRASKA LIQUOR
CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Jeremy M. Schafer

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Top Shelf Beverage Services LLC

LLC Address: 2000 S 34th Street

City: Lincoln State: Nebraska Zip Code: 68506

LLC Phone Number: 402-416-2429 LLC Fax Number: None yet

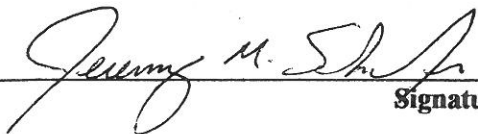
Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Schafer First Name: Jeremy MI: M

Home Address: 2000 S 34th Street City: Lincoln

State: NE Zip Code: 68506 Home Phone Number: 402-416-2429



Signature of Managing/Contact Member

ACKNOWLEDGEMENT

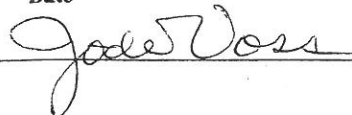
State of Nebraska

County of Lancaster

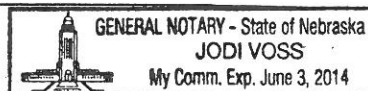
March 12, 2012
Date

The foregoing instrument was acknowledged before me this

by Jeremy Schafer
name of person acknowledge



Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Schafer First Name: Michael MI: C. Prints

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 26%

Last Name: Franssen First Name: Edward MI: W Prints

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50%

Last Name: Schafer First Name: Jeremy MI: M Prints

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 24%

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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NEBRASKA LIQUOR
CONTROL COMMISSION
FORM 102
3/10/10
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LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "****END OF LISTING****" does not appear at the bottom of this report, then this list is not complete.

FOR: JEREMY M SCHAFER , Male, DOB: (

Date of listing: 03-22-2012

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 07-28-2009	for (M)DUI-3RD OFF	Case
Disposed 03-19-2010	as (M)DUI-3RD OFF	Cit#
FOUND GUILTY Fined \$600.00		
15YR LIC SUSP		
Cited on 12-28-2007	for (M)DRIVING UNDER INFLUENCE/.08, SECOND OFFEN	Case
Disposed 04-24-2008	as (M)DUI-2ND >.15	Cit#
FOUND GUILTY Fined \$1000.00		
18 MOS PROB		
Cited on 09-20-2006	for (M)DRIVING UNDER INFLUENCE/.08, FIRST OFFENS	Case
Disposed 01-05-2007	as (M)DRIVING UNDER INFLUENCE, FIRST OFFENSE	Cit#
FOUND GUILTY Fined \$400.00		
09 MOS PROB		
Cited on 10-02-1992	for (M)TRESPASS UPON PROPERTY OF ANOTHER	Case
Disposed 12-11-1992	as (M)TRESPASS UPON PROPERTY OF ANOTHER	Ci
FOUND GUILTY 1 YEARS PROBATION		
CONVICTION NOT SET ASIDE		
	for (M)POSSESS OR CONSUME ALCOHOL AS A	

Cited on 06-06-1992	MINOR	Case
Disposed 10-22-1992	as (M)POSSESS OR CONSUME ALCOHOL AS A MINOR	Cit# J
FOUND NOT GUILTY		
DEFENDANT FOUND NOT GUILTY		
Cited on 06-06-1992	for (M)DRIVING UNDER INFLUENCE, FIRST OFFENSE	Cas
Disposed 12-11-1992	as (M)DRIVING UNDER INFLUENCE, FIRST OFFENSE	Cit#
FOUND GUILTY 1 YEARS PROBATION		
CONVICTION NOT SET ASIDE		
Cited on 10-26-1991	for (M)POSSESS OR CONSUME ALCOHOL AS A MINOR	Cas
Disposed 11-20-1991	as (M)LIQUOR - MINOR SELL/DISPENSE/POSSESS	Cit#
FOUND GUILTY Fined \$200.00		

*** END OF LISTING ***



LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "***END OF LISTING***" does not appear at the bottom of this report, then this list is not complete.

FOR: EDWARD W FRANSSEN , Male, DOB:

Date of listing: 03-22-2012

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 06-19-1993	for (M)URINATING IN PUBLIC	Case
Disposed 07-07-1993	as (M)URINATING IN PUBLIC	Cit
FOUND GUILTY Fined \$35.00		
Cited on 07-21-1988	for (M)ASSAULT,STRIKE, AND BEAT ANOTHER	Cas
Disposed 08-24-1988	as (M)ASSAULT,STRIKE, AND BEAT ANOTHER	Cit
FOUND GUILTY 6 MONTHS PROBATION		
CONVICTION SET ASIDE		

*** END OF LISTING ***